



# **THE YATES FOUNDATION SCHOLARSHIP AWARDS PROGRAM**

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The mission of the Yates Foundation is to advocate on behalf of and to empower those in the autism community to never give up in their search of helping their loved ones reach their full potential.

THE YATES FOUNDATION · SCHOLARSHIP AWARDS PROGRAM

Client Info

Name \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_  
Home Address \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent / Gardian Info

Parent / Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_  
Home Address \_\_\_\_\_ Apt. # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Are you a full time student? \_\_\_ Yes \_\_\_ No If yes, where? \_\_\_\_\_  
Are you married? \_\_\_ Yes \_\_\_ No Number of dependents \_\_\_\_\_ Number of Adults \_\_\_\_\_  
Is your spouse a full-time student? \_\_\_ Yes \_\_\_ No If yes, where? \_\_\_\_\_

Employment Info

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position \_\_\_\_\_ Length of Employment \_\_\_\_\_ Part Time \_\_\_ Full Time \_\_\_  
Grosse Monthly Income \_\_\_\_\_ Supervisor \_\_\_\_\_

List the names, (including last name if different form that of the applicant) middle initial, birth date and age of all persons living in your household. Your household includes only those dependents you claimed on your last federal income tax return. Be sure to include yourself.

1. \_\_\_\_\_ DOB \_\_\_\_\_ 3. \_\_\_\_\_ DOB \_\_\_\_\_  
2. \_\_\_\_\_ DOB \_\_\_\_\_ 4. \_\_\_\_\_ DOB \_\_\_\_\_

# INCOME / EXPENSES WORKSHEET

(List all entries based on monthly income / expense)

## INCOME

- \$\_\_\_\_\_ 1. Your Gross Monthly Income
- \$\_\_\_\_\_ 2. Spouse's Gross Monthly Income
- \$\_\_\_\_\_ 3. Child Support
- \$\_\_\_\_\_ 4. Aid for Dependent Children (AFDC)
- \$\_\_\_\_\_ 5. Welfare (Submit copy of card)
- \$\_\_\_\_\_ 6. Food Stamps
- \$\_\_\_\_\_ 7. Disability or SSI
- \$\_\_\_\_\_ 8. Reduced Lunch Program
- \$\_\_\_\_\_ 9. Other Income (Please Explain)
- \_\_\_\_\_
- \$\_\_\_\_\_ Total Monthly Income
- \$\_\_\_\_\_ Annual Income (Household)

## EXPENSES

- \$\_\_\_\_\_ 1. Rent / Mortgage (circle one)
- \$\_\_\_\_\_ 2. Auto Loan
- \$\_\_\_\_\_ 3. Utilities
- \$\_\_\_\_\_ 4. Phone (Listed in your name)
- \$\_\_\_\_\_ 5. Child Support / Alimony
- \$\_\_\_\_\_ 6. Medical Expenses
- \$\_\_\_\_\_ 7. Child Care
- \$\_\_\_\_\_ 8. Other Expenses (Please Explain)
- \_\_\_\_\_
- \_\_\_\_\_
- \$\_\_\_\_\_ Total Monthly Expenses

Do you share expenses with anyone else in your household? \_\_\_Yes \_\_\_ No

Total number in Household \_\_\_\_\_

Amount you are applying for \_\_\_\_\_ (not to exceed \$500.00)

Why are you applying for this Scholarship? \_\_\_\_\_

What services do you wish to obtain from this Scholarship? \_\_\_\_\_

Check should be made payable to \_\_\_\_\_

(please attach any receipts, documents, etc.)

I verify that all the information submitted is correct, complete and accurate. If my situation changes, I agree to notify The Yates Foundation within 30 days. If I submit false or inaccurate information, or fail to notify The Yates Foundation within 30 days, I may be terminated from the program.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

PLEASE RETURN TO :  
THE YATES FOUNDATION FOR AUTISM, 74 DIRECTORS ROW, JACKSON, TN 38305